

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		NO	DEP	NO	DEP	NO	DEP
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
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12		/					62		/				
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41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	←		←		←		TOTAL IND.	4 ←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	60 ←		←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	64 ←		←		←	